

OFFICE OF THE FEDERAL DEFENDER
EASTERN DISTRICT OF CALIFORNIA
801 I STREET, 3rd FLOOR
SACRAMENTO, CALIFORNIA 95814
(916) 498-5700 Fax: (916) 498-5710

Quin Denvir
Federal Defender

Daniel J. Broderick
Chief Assistant Defender

May 5, 2005

Mr. Michael D. Long
Attorney at Law
1001 Sixth Street, #400
Sacramento, CA 95814

Re: U.S. v. Ravaa Bernanrd Meadors
Cr.S-03-039-DFL

Dear Mr. Long:

This will confirm your appointment as counsel by the Honorable Dale A. Drozd, U.S. Magistrate Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,



CYNTHIA L. COMPTON
CJA Panel Administrator

:clc
Enclosures

cc: Clerk's Office

1. CIR./DIST./DIV. CODE CAE	2. PERSON REPRESENTED Meadors, Paul, Bernard	3. CHER NUMBER		
3. MAG. DKT./DEF. NUMBER 2:03-000039-003		4. DIST. DKT./DEF. NUMBER 2:03-000039-003	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Shannon		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Probation Revocation
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 286.F -- CONSPIRE TO DEFRAUD GOVERNMENT RESPECT TO CLAIM				
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS LONG, MICHAEL D 1001 Sixth Street Suite 400 SACRAMENTO CA 95814		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel		
Telephone Number: (916) 447-1965		Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <i>Dallas, D</i> Signature of Presiding Judicial Officer on <i>by</i> Order of the Court 04/18/2005		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)		Date of Order _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO Nunc Pro Tunc Date _____		

15. IN COURT CLAIM FOR SERVICES AND EXPENSES					
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
I n C o u r t	a. Arraignment and/or Plea				
	b. Bail and Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(Rate per hour = \$ 90)		TOTALS:			
16. OUT OF COURT	a. Interviews and Conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and Other work (Specify on additional sheets)				
(Rate per hour = \$ 90)		TOTALS:			
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED)					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
--	---	----------------------

22. CLAIM STATUS Final Payment Interim Payment Number _____ Supplemental Payment
Have you previously applied to the court for compensation and/or reimbursement for this case? YES NO If yes, were you paid? YES NO
Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney: _____ Date: _____

APPROVED FOR PAYMENT - COURT USE ONLY				
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES
IN THE CASE OF MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

UNITED STATES vs.

RAVAA MEADORS

FOR

EASTERN DISTRICT OF CA.

AT

SACRAMENTO, CALIFORNIA

LOCATION NUMBER

CAESC

PERSON REPRESENTED (Show your full name)

RAVAA MEADORS

CHARGE/OFFENSE (describe if applicable & check box →) Felony Misdemeanor

18 USC 3146(A)(2)

1 Defendant - Adult
 2 Defendant - Juvenile
 3 Appellant
 4 Probation Violator
 5 Parole Violator
 6 Habeas Petitioner
 7 2255 Petitioner
 8 Material Witness
 9 Other (Specify) _____

DOCKET NUMBERS

Magistrate

020000000

District Court

CR. S-05-67-DFL

Court of Appeals

EMPLOY- MENT		Are you now employed? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed													
		Name and address of employer: _____													
IF YES, how much do you earn per month? \$ _____		IF NO, give month and year of last employment <i>Not for 4 LONG TIME</i> How much did you earn per month? \$ _____													
If married is your Spouse employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No \$13/hour since last week. (4/05) IF YES, how much does your Spouse earn per month? \$ _____		If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____													
ASSETS OTHER INCOME		Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No													
		RECEIVED	SOURCES												
IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____ THE SOURCES _____															
CASH		Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____													
PROP- ERTY		Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
IF YES, GIVE THE VALUE AND \$ _____ DESCRIBE IT _____		VALUE	DESCRIPTION												
OBLIGATIONS & DEBTS DEPENDENTS		<table border="1"> <tr> <td rowspan="5">MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED</td> <td rowspan="5">Total No. of Dependents <u>3</u></td> <td colspan="2">List persons you actually support and your relationship to them</td> </tr> <tr> <td colspan="2">SON - 8</td> </tr> <tr> <td colspan="2">SON - 12</td> </tr> <tr> <td colspan="2">DAUGHTER - 18</td> </tr> <tr> <td colspan="2"></td> </tr> </table>		MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents <u>3</u>	List persons you actually support and your relationship to them		SON - 8		SON - 12		DAUGHTER - 18			
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		SON - 8													
		SON - 12													
		DAUGHTER - 18													
DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)		APARTMENT OR HOME:	Creditors	Total Debt	Monthly Payt.										
		_____	_____	\$ _____	\$ _____										
		_____	_____	\$ _____	\$ _____										
		_____	_____	\$ _____	\$ _____										
		_____	_____	\$ _____	\$ _____										

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 4-18-05SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

RAVAA MEADORS